No. 300
10.48

FILED OCT 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32381

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY: MARIES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BELLE
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home of a sister

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY, MISSOURI 3008
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): WALLACE
b. (Middle): E.
c. (Last): HARRISON

4. DATE OF DEATH (Month) (Day) (Year): SEPT 29-1953

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: FEB 28th 1895
9. AGE (In years last birthday): 58
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: JOSEPH A. HARRISON
13b. MOTHER'S MAIDEN NAME: DORA BRAY
14. NAME OF HUSBAND OR WIFE: DIVORCED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-03-9497
17. INFORMANT'S SIGNATURE OR NAME: MRS. JOSSIE WALLACE
ADDRESS: BELLE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old myocardial infarct — 2 yrs.
DUE TO (c) Total left pulmonary atelectasis — life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma of prostate — 6 mos.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 5270H
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from Aug 6, 1953, to 9-29, 1953, that I last saw the deceased alive on 9-29, 1953, and that death occurred at 10:00 am from the causes and on the date stated above.

23a. SIGNATURE: F. L. Kozel. MD (Degree or title)
23b. ADDRESS: Belle, Mo.
23c. DATE SIGNED: 10-1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Oct. 1st 53
24c. NAME OF CEMETERY OR CREMATORY: Bowles Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Maries County, Mo.

DATE REC'D BY LOCAL REG.: 10-2-53
REGISTRAR'S SIGNATURE: Pauline Howard
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Sassmann's Funeral Service, Belle

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Chester Gassman

Licensed Embalmer No. 4178

P. O. Address Bland - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.